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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:30

DOCUMENT # 627488 (0)

1. Corporation Name
CHRISTENSEN HARDWARE SERVICES, INC.

Principal Place of Business	Mailing Address
2371 SW. 36TH ST., SUITE C/D POST OFFICE BOX 292826 (MAIL) FT. LAUDERDALE FL 33329	2371 SW. 36TH ST., SUITE C/D POST OFFICE BOX 292826 (MAIL) FT. LAUDERDALE FL 33329

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1979
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business	2a. Mailing Address
21 4053 PETERS ROAD	26 4053 PETERS ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANTATION FL	28 City & State: PLANTATION, FL.
24 Zip: 33317 25 Country: BROWARD	29 Zip: 33317 30 Country: BROWARD

4. FEI Number: 59-1919238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTENSEN, ROBERT 2371 SW. 36TH ST., SUITE C/D FT. LAUDERDALE FL 33312	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4053 PETERS ROAD 83 84 City: PLANTATION FL 85 Zip: 33317

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: [signature] ROBERT N. CHRISTENSEN 3-1-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, ROBERT	12 NAME	
STREET ADDRESS	2175 NOVA VILLAGE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, BARBARA	22 NAME	
STREET ADDRESS	2175 NOVA VILLAGE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN,CARY BLAKE	32 NAME	
STREET ADDRESS	2175 NOVA VILLAGE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, CAROLL L.	42 NAME	
STREET ADDRESS	2175 NOVA VILLAGE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [signature] 3-1-95 305-583-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA J. CHRISTENSEN

0434467 PP